

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34706**

No. 300  
10-48

FILED OCT 17 1951

BIRTH NO. _____		REG. DIST. NO. <u>296</u>	PRIMARY REG. DIST. NO. <u>4443</u>	Registrar's No. <u>38</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u> <u>8880</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Street</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hazel</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Jackson</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>October 8, 1951</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 2, 1903</u>	9. AGE (In years last birthday) <u>48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>College Mound, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>J. W. Leathers</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>W.T. Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.T. Jackson; Huntsville, Missouri</u>	
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>		DUE TO (c) <u>Chl. Bright's Disease</u>		<u>2yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus (child)</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>10/2</u> , 19 <u>50</u> , to <u>10/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/8</u> , 19 <u>51</u> , and that death occurred at <u>8 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>P. V. Dreyer MD</u>		23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>10/9/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-10-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10/13/51</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. A. Barnhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Nelson</u> ADDRESS <u>Huntsville</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80  
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770

Date Received: OCT 16 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1057-185'8  
Date Filed: OCT 16 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.